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| Fill     | in this information to identify your o  | ase:                        |   |          |       |                   |                               |               |                        |      |
|----------|---|-----------------------------|---|----------|-------|-------------------|-------------------------------|---------------|------------------------|------|
| Del      | btor 1 Blossom Jo   | yce Consingh                |   |          | _     |                   |                               |               |                        |      |
|          | btor 2<br>puse, if filing)  |                             |   |          | _     |                   |                               |               |                        |      |
| Uni      | ited States Bankruptcy Court for the  | e: SOUTHERN DISTRIC         | CT OF NEW YORK                            |          | _     |                   |                               |               |                        |      |
| Ca       | se number 19-23034  |                             |   |          |       | Che               | ck if this is:                |               |                        |      |
| (If kı   | nown)   |                             | -   |          | ■ .   | An amended filing |                               |               |                        |      |
| L        |   |                             |   |          |       |                   |                               |               | g postpetition chap    | ter  |
| <u>O</u> | fficial Form 106l   |                             |   |          |       | į                 | MM / DD/ Y                    | YYY           |                        |      |
| S        | chedule I: Your Inc   | ome                         |   |          |       |                   |                               |               | 1                      | 12/1 |
| atta     | ch a separate sheet to this form.  The separate sheet to this form.  The separate sheet to this form.  The separate sheet to this form. | On the top of any additi    |   |          |       |                   |                               |               |                        |      |
| ١.       | information.  |                             | Debtor 1                                  |          |       |                   | Debtor 2 or non-filing spouse |               |                        |      |
|          | If you have more than one job, attach a separate page with information about additional employers.                                      | Employment status           | ■ Employed                                |          |       |                   | ☐ Employed                    |               |                        |      |
|          |   | ,                           | ☐ Not employed                            |          |       |                   | ☐ Not employed                |               |                        |      |
|          |   | Occupation                  |   |          |       |                   |                               |               |                        |      |
|          | Include part-time, seasonal, or self-employed work.   | Employer's name             | Glen Island Center For Nursing            |          |       |                   |                               |               |                        |      |
|          | Occupation may include student or homemaker, if it applies.   | Employer's address          | 490 Pelham Road<br>New Rochelle, NY 10805 |          |       |                   |                               |               |                        |      |
|          |   | How long employed t         | here?                                     |          |       |                   |                               |               |                        |      |
| Pai      | rt 2: Give Details About Mo   | nthly Income                |   |          |       |                   |                               |               |                        |      |
| Esti     | imate monthly income as of the cuse unless you are separated.   | late you file this form. If | you have nothing to rep                   | ort for  | any   | line, wri         | te \$0 in the                 | space. Inc    | lude your non-filing   | 3    |
|          | ou or your non-filing spouse have m<br>e space, attach a separate sheet to  |                             | ombine the information f                  | or all e | emplo | oyers fo          | r that perso                  | on on the lir | ies below. If you ne   | eed  |
|          |   |                             |   |          |       | For De            | ebtor 1                       |               | otor 2 or<br>ng spouse |      |
| 2.       | List monthly gross wages, sala deductions). If not paid monthly,  |                             |   | 2.       | \$    | ;                 | 3,982.87                      | \$            | N/A                    |      |
| 3        | Estimate and list monthly over  | time nav                    |   | 3        | +\$   |                   | 0.00                          | <b>+</b> \$   | N/A                    |      |

3,982.87

\$

N/A

Calculate gross Income. Add line 2 + line 3.

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| Debtor         | 1 Blossom Joyce Consingh   | -          | Ca   | se number (if known) | 19-2         | 3034                |            |          |
|----------------|--|------------|------|----------------------|--------------|---------------------|------------|----------|
|                |  |            | F    | or Debtor 1          |              | Debtor<br>-filing s |            |          |
| c              | Copy line 4 here   | 4.         | \$   | 3,982.87             | \$           | -illing s           | N/A        |          |
|                |  |            | •    | 0,002.01             | · · ·        |                     | 14/74      | -        |
| 5. <b>L</b>    | ist all payroll deductions:  |            |      |                      |              |                     |            |          |
|                | a. Tax, Medicare, and Social Security deductions   | 5a.        |      |                      | \$_          |                     | N/A        | -        |
|                | b. Mandatory contributions for retirement plans  | 5b.        |      |                      | \$_          |                     | N/A        |          |
|                | c. Voluntary contributions for retirement plans  | 5c.        |      |                      | * <u></u>    |                     | N/A        | -        |
|                | d. Required repayments of retirement fund loans ie. Insurance  | 5d.<br>5e. |      |                      | *<br>*       |                     | N/A<br>N/A | -        |
|                | f. Domestic support obligations  | 5f.        | \$   |                      | · \$         |                     | N/A        | -        |
|                | g. Union dues  | 5g.        |      | - 0.00               | * <b>*</b> - |                     | N/A        | -        |
|                | h. Other deductions. Specify:  | 5h.        |      |                      | + \$         |                     | N/A        | -        |
| 6. <b>A</b>    | Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6.         | \$   | 763.04               | \$           |                     | N/A        | -        |
| 7. <b>C</b>    | Calculate total monthly take-home pay. Subtract line 6 from line 4.  | 7.         | \$   | 3,219.83             | \$           |                     | N/A        | -        |
|                | List all other income regularly received:  A. Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total  |            |      |                      |              |                     |            |          |
| _              | monthly net income.  | 8a.        |      |                      | \$_          |                     | N/A        |          |
|                | b. Interest and dividends  | 8b.        | \$   | 0.00                 | . \$         |                     | N/A        | =        |
| c              | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.   | 8c.        | \$   | 0.00                 | \$           |                     | N/A        |          |
| 8              | d. Unemployment compensation   | 8d.        |      |                      | * <b>*</b> — |                     | N/A        |          |
|                | e. Social Security   | 8e.        |      |                      | \$           |                     | N/A        | -        |
| 8              | If. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  G. Pension or retirement income     | 8f.<br>8g. |      | 0.00                 | \$<br>\$     |                     | N/A<br>N/A | -        |
| 8              | th. Other monthly income. Specify: Debtor's Second Job (net)   | _ 8h.      | + \$ | 2,200.00             | + \$_        |                     | N/A        | -        |
| 9. <b>A</b>    | Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.         | \$_  | 5,200.00             | \$           |                     | N/A        | A .      |
| 10. <b>C</b>   | Calculate monthly income. Add line 7 + line 9.   | 10. \$     | 5    | 8,419.83 + \$        |              | N/A                 | = \$       | 8,419.83 |
|                | add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   |            |      |                      |              |                     |            | -,       |
| <br>  0<br>  0 | State all other regular contributions to the expenses that you list in Schedule notlude contributions from an unmarried partner, members of your household, your ther friends or relatives.  To not include any amounts already included in lines 2-10 or amounts that are not a specify:  Mother's contribution | deper      |      | .,                   | •            | Schedule<br>11.     |            | 600.00   |
| V              | Add the amount in the last column of line 10 to the amount in line 11. The res Vrite that amount on the Summary of Schedules and Statistical Summary of Certai pplies  |            |      |                      |              | 12.                 | \$         | 9,019.83 |
| 40 <b>-</b>    | De ven avent en inseren en de vene en interes en de vene  | •          |      |                      |              |                     |            | y income |
| 13. E          | Oo you expect an increase or decrease within the year after you file this form' ■ No.  | ſ          |      |                      |              |                     |            |          |
| •              | ■ No.  Yes. Explain:   |            |      |                      |              |                     |            |          |

Official Form 106l Schedule I: Your Income page 2

| Fill   | in this informa   | tion to identify yo                 | our case:                                    |  |                      |                 |                                     |   |
|--------|---|-------------------------------------|--|--|----------------------|-----------------|-------------------------------------|---|
|        | otor 1  | Blossom Jo                          |  | singh  |                      | Che             | eck if this is:                     |   |
|        |   |                                     | -  |  |                      |                 | An amended filing                   |   |
|        | otor 2<br>ouse, if filing)  |                                     |  |  |                      |                 | A supplement show 13 expenses as of | ving postpetition chapter the following date: |
| Unit   | ed States Bankı   | uptcy Court for the                 | : SOUTH                                      | ERN DISTRICT OF NEW  | YORK                 |                 | MM / DD / YYYY                      |   |
| Cas    | e number 19   | 9-23034                             |  |  |                      |                 |                                     |   |
| (If kı | nown)   |                                     |  |  |                      |                 |                                     |   |
| Of     | fficial Fo  | rm 106J                             |  |  |                      |                 |                                     |   |
|        |   | J: Your                             | Exper  | ises   |                      |                 |                                     | 12/1  |
| info   | ormation. If m  |                                     | eded, atta                                   | . If two married people and the control of the cont |                      |                 |                                     |   |
| Par    | t 1: Descr  | ribe Your House                     | ∌hold  |  |                      |                 |                                     |   |
|        | ■ No. Go to   | line 2.                             | in a senar                                   | ate household?   |                      |                 |                                     |   |
|        | □N  | 0                                   | ·  | al Form 106J-2, <i>Expenses</i>  | s for Separate House | ehold of Del    | btor 2.                             |   |
| 2.     |   | e dependents?                       | □ No   | ,  | •                    |                 |                                     |   |
|        | Do not list D<br>Debtor 2.  | •                                   | Fill out this information for each dependent | Dependent's relati<br>Debtor 1 or Debtor   |                      | Dependent's age | Does dependent live with you?       |   |
|        | Do not state the dependents names.  |                                     |  |  |                      |                 |                                     | □ No  |
|        |   |                                     |  |  | Daughter             |                 |                                     | ■ Yes<br>□ No                                 |
|        |   |                                     |  |  | Daughter             |                 | 25                                  | Yes   |
|        |   |                                     |  |  | Mother               |                 | 96                                  | □ No<br>■ Yes                                 |
|        |   |                                     |  |  |                      |                 |                                     | □ No  |
| 3.     | , ,   | enses include                       |  | No   |                      |                 |                                     | ☐ Yes   |
|        | •   | f people other t<br>d your depende  |  | Yes  |                      |                 |                                     |   |
| Par    |   | ate Your Ongoi                      |  | · .  |                      |                 |                                     |   |
| exp    |   |                                     |  | uptcy filing date unless y<br>y is filed. If this is a supp  |                      |                 |                                     |   |
| the    | value of sucl   | h assistance an                     |  | government assistance i  |                      |                 | Vour ovn                            | 0000  |
| (Off   | ficial Form 10  | l6l.)                               |  |  |                      |                 | Your exp                            | e113 <b>e</b> 3                               |
| 4.     | The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. |                                     |  |  | 4.                   | \$              | 3,910.16                            |   |
|        | If not include  | led in line 4:                      |  |  |                      |                 |                                     |   |
|        |   | estate taxes                        |  |  |                      | 4a.             | ·                                   | 0.00  |
|        | •   | rty, homeowner's                    |  |  |                      | 4b.             | ·                                   | 133.00  |
|        |   | maintenance, re<br>owner's associat |  | upkeep expenses  |                      | 4c.<br>4d.      | ·                                   | 204.99<br>0.00                                |
| 5.     |   |                                     |  | our residence, such as ho  | me equity loans      | 4u.<br>5.       | ·                                   | 0.00  |

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| ebtor 1   | Blossom Joyce Consingh   | Case numb           | per (if known) | 19-23034                      |
|-----------|--|---------------------|----------------|-------------------------------|
| . Utiliti | ies:   |                     |                |                               |
| 6a.       | Electricity, heat, natural gas   | 6a.                 | \$             | 417.00                        |
| 6b.       | Water, sewer, garbage collection   | 6b.                 | \$             | 50.00                         |
| 6c.       | Telephone, cell phone, Internet, satellite, and cable services   | 6c.                 | \$             | 221.39                        |
| 6d.       | Other. Specify:  | 6d.                 | \$             | 0.00                          |
| Food      | and housekeeping supplies  | 7.                  | \$             | 1,000.00                      |
| Child     | care and children's education costs  | 8.                  | \$             | 0.00                          |
| Cloth     | ning, laundry, and dry cleaning  | 9.                  | \$             | 200.00                        |
| . Pers    | onal care products and services  | 10.                 | \$             | 150.00                        |
| . Medi    | cal and dental expenses  | 11.                 | \$             | 200.00                        |
| . Trans   | sportation. Include gas, maintenance, bus or train fare.   |                     | _              | 252.00                        |
|           | ot include car payments.   | 12.                 | ·              | 350.00                        |
|           | rtainment, clubs, recreation, newspapers, magazines, and books   |                     | \$             | 100.00                        |
| Char      | itable contributions and religious donations   | 14.                 | \$             | 100.00                        |
| Insur     |  |                     |                |                               |
|           | of include insurance deducted from your pay or included in lines 4 or 20.                                    | 4.5                 | •              | .=                            |
|           | Life insurance   | 15a.                |                | 158.94                        |
|           | Health insurance   | 15b.                | ·              | 0.00                          |
|           | Vehicle insurance  | 15c.                | ·              | 500.00                        |
|           | Other insurance. Specify:  | 15d.                | \$             | 0.00                          |
|           | s. Do not include taxes deducted from your pay or included in lines 4 or 20.                                 |                     |                |                               |
| Spec      |  | 16.                 | \$             | 0.00                          |
|           | Ilment or lease payments:  |                     |                |                               |
|           | Car payments for Vehicle 1   | 17a.                |                | 0.00                          |
| 17b.      | Car payments for Vehicle 2   | 17b.                | \$             | 0.00                          |
|           | Other. Specify:  | 17c.                | ·              | 0.00                          |
| 17d.      | Other. Specify:  | 17d.                | \$             | 0.00                          |
|           | payments of alimony, maintenance, and support that you did not report  |                     | •              | 0.00                          |
|           | cted from your pay on line 5, Schedule I, Your Income (Official Form 106                                     | ii). <sup>18.</sup> | \$             | 0.00                          |
|           | r payments you make to support others who do not live with you.  |                     | \$             | 0.00                          |
| Spec      |  | 19.                 |                |                               |
|           | r real property expenses not included in lines 4 or 5 of this form or on Se                                  |                     |                |                               |
|           | Mortgages on other property  | 20a.                | · -            | 0.00                          |
|           | Real estate taxes  | 20b.                | ·              | 0.00                          |
|           | Property, homeowner's, or renter's insurance   | 20c.                | ·              | 0.00                          |
|           | Maintenance, repair, and upkeep expenses   | 20d.                | ·              | 0.00                          |
| 20e.      | Homeowner's association or condominium dues  | 20e.                | \$             | 0.00                          |
| Othe      | r: Specify: Work Requirements (uniforms, shoes)  | 21.                 | +\$            | 50.00                         |
| Tax       | Prep   |                     | +\$            | 45.00                         |
| Post      | age  |                     | +\$            | 18.00                         |
|           | stmas, birthday, other presents  |                     | +\$            | 150.00                        |
| Pets      |  |                     | +\$            | 50.00                         |
| -         |  |                     |                |                               |
|           | ulate your monthly expenses  |                     | Φ.             |                               |
|           | Add lines 4 through 21.  |                     | \$             | 8,008.48                      |
|           | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-                               | -2                  | \$             |                               |
| 22c. /    | Add line 22a and 22b. The result is your monthly expenses.   |                     | \$             | 8,008.48                      |
| Colo      | ulate your monthly not income  |                     |                |                               |
|           | ulate your monthly net income.   | 23a.                | <b>c</b>       | 0.040.00                      |
|           | Copy line 12 (your combined monthly income) from Schedule I. Copy your monthly expenses from line 22c above. | 23a.<br>23b.        | ·              | 9,019.83                      |
| 23D.      | Copy your monthly expenses from line 22c above.  | ∠3D.                | -\$            | 8,008.48                      |
| 23c.      | Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .      | 23c.                | \$             | 1,011.35                      |
| For ex    |  |                     |                | ease or decrease because of a |